

DIVISION OF BUSINESS & FINANCIAL AFFAIRS

COVID-19 BRIEFING - UPDATE

April 3, 2020

Unit: Public Safety

Prepared by: Michael Morris

ACTION: Implement social distancing strategies within the University Police Department (UPD) to minimize employees' and community members' exposure to the coronavirus.

BACKGROUND AND POLICY ISSUE(S):

In the midst of the COVID-19 pandemic, CSUCI police officers and dispatchers remain on campus and must respond to a variety of issues and calls-for-service in the community, including medical calls. The UPD is responsible for providing a minimum level of police officer and dispatcher staffing 24 hours per day, 7 days per week, year-round, and must accomplish this with very few employees. The UPD cannot afford to have any of its employees become incapacitated due to COVID-19. It is also important to minimize the spread of COVID-19 in the CSUCI community.

RECOMMENDATION:

In an effort to maximize social distancing and prevent exposure to COVID-19, the University Police Department has implemented the following temporary procedural changes:

- Police officers should avoid unnecessary personal contact with the dispatcher inside the communications center;
- Employees should practice social distancing tactics with one another, including keeping a physical distance of at least 6 feet from others;
- Minimize discretionary enforcement contacts;
 - Raise the decision threshold for self-initiated traffic enforcement;
 - Avoid making unnecessary consensual encounters;
 - Avoid making unnecessary custodial arrests;
 - Place emphasis on high-visibility vehicle patrols
- Avoid unnecessary close personal contact with members of the campus community;
- EMT police officers have been provided enhanced PPE for use in response to medical calls involving suspected COVID-19 and will respond to these calls in accordance with the Ventura County EMS Agency's *COVID-19 Screening and Response Flowchart*
 - Dispatchers will ask additional questions of callers to ascertain whether physical symptoms associated with COVID-19 are present at the scene;
 - Upon arrival, officers will assess the scene to determine whether the signs and symptoms of COVID-19 are present. If so, officers will don enhanced PPE and provide patient care in accordance with Ventura County EMS Agency directives.

SUPPORTING DOCUMENTATION:

- Attachment A: *COVID-19 Screening and Response Flowchart* (VC EMS Agency)
- Attachment B: CIPD Training Bulletin 2020-03 – *EMS/PSAP COVID-19 Response*

CURRENT UPDATE:

UPDATE for April 3, 2020: *Public health authorities have recently recommended that all individuals cover their faces anytime they are in public to prevent the spread of coronavirus. Effective today, April 3, 2020, CSUCI police officers will don an N95 mask anytime they interact with members of the public. Also, dispatchers will ask additional questions of ALL callers (not only medical calls) to ascertain whether physical symptoms associated with COVID-19 are present.*

SUPPLEMENTAL DOCUMENTS: N/A



Version 5 – Updated March 19, 2020

COVID-19 SCREENING AND RESPONSE FLOWCHART

FOR ALL PATIENTS, DON STANDARD BODY SUBSTANCE ISOLATION PRECAUTIONS AND ENTER THE SCENE
MAINTAIN AT LEAST A SIX (6) FOOT DISTANCE AND DETERMINE THE FOLLOWING:

NOTE: IF DISPATCH ADVISES OF POSSIBLE COVID-19 PATIENT PRIOR TO UNITS ARRIVING ON SCENE, PERSONNEL WILL DON APPROPRIATE PPE (LISTED IN RESPONDER GUIDANCE BELOW) PRIOR TO MAKING ENTRY INTO SCENE.

Signs and symptoms of acute respiratory illness (e.g., fever, cough, shortness of breath, difficulty breathing)

NO

CONTINUE WITH
ROUTINE
ASSESSMENT,
CARE AND
TRANSPORT

YES

RESPONDER GUIDANCE

- Limit the number of providers that make patient contact, based on the patient's condition and level of care needed.
- All patients with any concern for respiratory illness of any kind should have a surgical mask applied immediately.
- Utilize PPE for all patients with signs and symptoms of acute respiratory illness (fever, cough, shortness of breath, difficulty breathing):
 - Gloves
 - Gown or NFPA 1999-2013 approved bloodborne pathogen protective clothing – *SHOULD TO BE PRIORITIZED FOR HIGH-RISK PATIENTS AND/OR AEROSOLIZING PROCEDURES*
 - Goggles or disposable full-face shield
 - N95 or higher (if available) respirator
- Treat patient per VCEMS policies and procedures
 - Limit the performance of high-risk procedures unless the patient has an unstable condition that requires intervention
 - Refer to Ventura County EMS Agency COVID-19 prehospital guidelines document for additional information.
- Establish base hospital contact as soon as possible and advise of "possible COVID-19 patient." Include signs and symptoms, history of present illness, and any other relevant information.
- Ensure the ambulance's ventilation system is in non-recirculating mode in order to maximize the volume of fresh air brought into the vehicle from the outside. Utilize the exhaust fan in the ambulance patient compartment to draw air out of the vehicle.
- Family members should only be taken as a rider in the event the patient is an unaccompanied minor or has some other special circumstance that limits the personnel's ability to assess the patient.
- Dispose of disposable respirator, respirator filters (if applicable), gown, and gloves.
- Non-disposable items should be cleaned with an approved cleaning solution, in accordance with manufacturer's recommendation and established agency guidelines
- Once call is complete, clean all equipment with medical disinfectant wipes, such as sodium hypochlorite prior to returning to service
- For cases of unprotected exposure to a high-risk or confirmed COVID-19 patient, notify agency supervision and request notification of EMS Agency Duty Officer through FCC

CDC Guidelines for EMS Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

VENTURA COUNTY EMS AGENCY COVID-19 PREHOSPITAL GUIDELINES

PPE FOR ALL PATIENTS WITH SIGNS AND SYMPTOMS OF ACUTE RESPIRATORY ILLNESS (e.g. FEVER, COUGH, SHORTNESS OF BREATH, DIFFICULTY BREATHING):

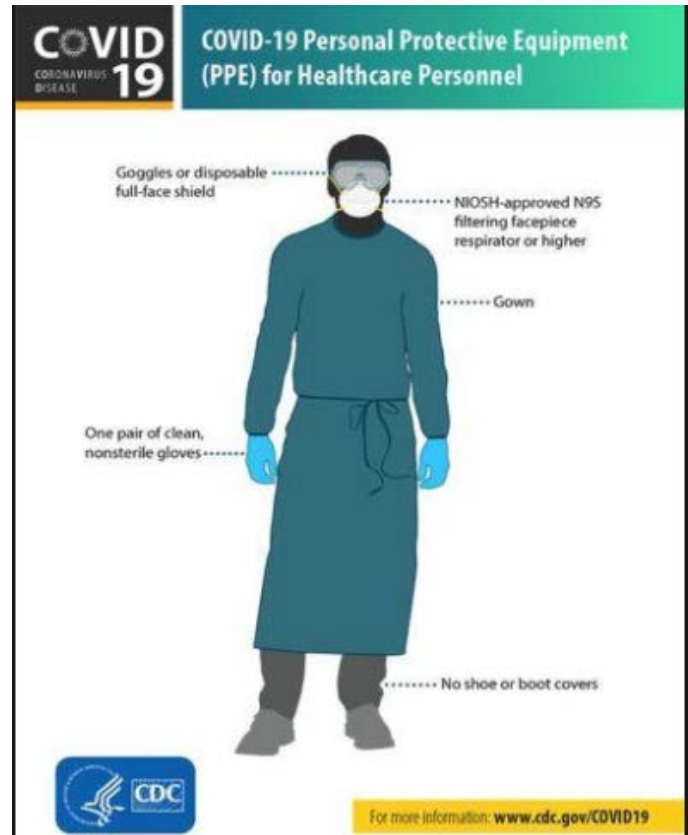
1. GLOVES
2. GOWN OR NFPA 1999-2013 APPROVED BLOODBORNE PATHOGEN PROTECTIVE CLOTHING
3. GOGGLES OR DISPOSABLE FULL-FACE SHIELD
4. N95 OR HIGHER* (IF AVAILABLE) RESPIRATOR
*N100, P100, OR AIR PURIFYING RESPIRATOR (APR)
5. **ALL PATIENTS WITH ANY CONCERN FOR RESPIRATORY ILLNESS OF ANY KIND** SHOULD HAVE A SURGICAL MASK APPLIED IMMEDIATELY.

General Guidelines / Best Practices

1. Assume that possible COVID-19 patients may have called for EMS assistance with some type of non-respiratory complaint. Be prepared and screen every patient for signs and symptoms until you are able to rule out respiratory illness.
2. Begin assessment from a distance of at least six feet.
3. Limit the number of providers that make patient contact, based on the patient's condition and level of care needed.
4. Do not rely on dispatch pre-arrival instructions and PPE recommendations to catch all possible COVID-19 cases. Maintain a high degree of suspicion and repeat screening on every call, for every patient. Protect yourself and your prehospital teammates.
5. Have all necessary PPE ready and available on every single call.
6. Ask the patient if they have tested positive for COVID-19 (coronavirus), or if they have been exposed to someone that has tested positive. If the answer to either of these questions is yes, treat the patient as a positive covid-19 patient.
7. PPE should be worn in any situation where history is limited or unobtainable (language barrier, cardiac arrest, altered mental status, etc.)
8. If in doubt about a patient's status, don PPE.

Treatment and Transport Guidelines

1. Limit treatment activities unless patient has an unstable condition that requires intervention.
2. Ensure patient is wearing a procedure mask.
3. Ensure all personnel are wearing appropriate PPE.
 - a. If the ambulance does not have an isolated driver's compartment, the driver should remove the goggles, gloves, and gown or NFPA rated clothing and perform hand hygiene. An N95 respirator should continue to be used during transport.
4. Nebulized albuterol has no documented clinical benefit over the administration of albuterol via metered dose inhaler with a spacer. If available, use the patient's MDI with a spacer and defer nebulizer treatment.
 - a. Dose of MDI is 4 puffs x 1, then 2 puffs q 15 min prn shortness of breath and/or wheezing
 - b. If nebulizer treatment must be given, attempt to complete in an open setting (e.g. outside of ambulance)



VENTURA COUNTY EMS AGENCY COVID-19 PREHOSPITAL GUIDELINES

5. CPAP and nebulizer treatments shall be discontinued prior to entering the Emergency Department.
 - a. Place patients on a nonrebreather mask and titrate supplemental oxygen to goal oxygen saturation of > 94%.
 - b. Advise the base hospital if you don't feel CPAP can be discontinued so that they can take appropriate actions prior to ambulance arrival.
6. Remember - PPE is essential for prehospital personnel caring for patients that require any respiratory intervention(s).
 - a. An N95 or higher-level respirator, gown or NFPA 1999-2013 rated protective clothing, and goggles or disposable full-face shield will be worn when any aerosolizing procedure is performed.
 - b. BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air – if available.
7. Family members should only be taken as a rider in the event the patient is an unaccompanied minor or has some other special circumstance that limits the personnel's ability to assess the patient.
8. Ensure the ambulance's ventilation system is in non-recirculating mode in order to maximize the volume of fresh air brought into the vehicle from the outside. Utilize the exhaust fan in the ambulance patient compartment to draw air out of the vehicle.
9. If transported, ensure that exhaust vent is on in-patient compartment to draw air out.
10. Establish base hospital contact as soon as possible and advise of "possible COVID-19 patient." Include signs and symptoms, history of present illness, and any other relevant information.
11. For cases of unprotected exposure to a high-risk or confirmed COVID-19 patient, notify agency supervision and request notification of EMS Agency Duty Officer through FCC

Decontamination of Gear and Equipment

1. Decontamination of gear and equipment should be performed in PPE.
2. Dispose of disposable respirator, respirator filters (if applicable), gown, and gloves.
3. Non-disposable items should be cleaned with an approved cleaning solution, in accordance with manufacturer's recommendation and established agency guidelines
4. NFPA 1999-2013 protective clothing that is visibly contaminated with bodily fluid should be washed following agency's prescribed laundry procedures
5. Ambulances used to transport symptomatic patients should be cleaned utilizing approved commercially available cleaning products or diluted bleach solution (1/4 cup bleach in 1 gallon of water). Refer to agency guidelines in regard to authorized cleaning procedures.

Miscellaneous Items / Points to Remember

1. Prehospital personnel are considered low risk for exposure as long as proper PPE is utilized and the patient (even a positive COVID-19 patient) is wearing a facemask. Utilize the established exposure risk matrix and guidelines issued by CDC for further information on COVID-19 exposure categories.
2. Ensure that all personnel on scene are adequately prepared for patient contact and that they are aware of surroundings and sharing any/all information related to patient signs and symptoms and history.
3. Adhere to established PPE guidelines for any patient that has signs or symptoms of acute respiratory illness.
4. Ensure crew rosters are accurate in CAD. In the event there is an exposure, this information may be helpful in the crew identification and notification process.
5. To reduce contamination and possible exposure, minimize loose and uncovered equipment in the patient compartment area.
6. Follow manufacturer recommendations and agency guidelines related to cleaning and disinfection of all reusable equipment/devices and protective clothing.

[Current CDC Guidance for EMS Personnel](#)

[Current CDC Guidance for Healthcare Personnel Exposure Risk](#)

Epidemiologic Risk Factors		Exposure Category	Recommended Monitoring for Covid-19 (Until 14 Days After Last Potential Exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a symptomatic patient who was wearing a facemask (i.e., source control)				
HCP PPE: None		Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator		Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection		Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves		Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)		Low	Self with delegated supervision	None
Prolonged close contact with a symptomatic patient who was not wearing a facemask (i.e., no source control)				
HCP PPE: None		High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator		High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection		Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves		Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)		Low	Self with delegated supervision	None
Exposure Category	Defining Exposure Risk Category			
Low Risk	Low-risk exposures generally refer to brief interactions with patients with COVID-19* or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.			
Medium Risk	Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19* who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered low-risk.			
High Risk	High-risk exposures refer to HCP who have had prolonged close contact with patients with COVID-19* who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were not protected, is also considered high-risk.			
*HCP exposures could involve a PUI who is awaiting testing. Implementation of monitoring and work restrictions described in this guidance could be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. A record of HCP exposed to a PUI should be maintained and HCP should be encouraged to perform self-monitoring while awaiting test results. If the results will be delayed more than 72 hours or the patient is positive for COVID-19, then the monitoring and work restrictions described in this document should be followed.				

Source CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#table1> Updated March 7, 2020



CSU CHANNEL ISLANDS POLICE DEPARTMENT

TRAINING BULLETIN #2020-03

INTERIM GUIDANCE: EMS/PSAP COVID-19 RESPONSE

Our Emergency Medical Technician (EMT) Program plays a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, Pre-Hospital care by EMTs present unique challenges because of the nature of the setting, enclosed space during patient contact, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs).

When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.

Updated information about COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

CDC's most current case definition for a person under investigation (PUI) for COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

CDC Recommendations for 911 PSAPs

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about COVID-19.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

CSU CHANNEL ISLANDS POLICE DEPARTMENT

EMS/PSAP COVID-19 RESPONSE

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Modified Caller Queries

Dispatch should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19.

If possible, dispatchers should query the caller prior to transferring the call to VCFD for EMD and pre-arrival instructions.

The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or choking hazards) are indicated. If unable to query the caller with COVID-19 screening prior to transferring, dispatchers should conduct a warm transfer to VCFD and stay on the line to listen for COVID-19 screening info prior to disconnecting. VCFD also will do its best to call back with COVID-19 warnings when possible.

Information on COVID-19 will be updated as the public health response proceeds.

Information of signs or symptoms and risk factors for COVID-19 should be communicated immediately to our EMT Offices before arrival on scene in order to allow use of appropriate personal protective equipment (PPE).

COVID-19 Screening Questions:

In coordination with our partners at VCFD, dispatchers should ask the following three questions of all callers for medical emergencies:

1. Does the patient have a fever?
2. Does the patient have a cough?
3. Does the patient have difficulty breathing?

If the answer is YES to any of the above questions, dispatchers shall relay to responding EMT officers that the patient meets PPE criteria in the initial message to dispatch the officers.

“Patient meets PPE criteria. Follow all PPE Guidelines.”

Below is a copy of the current COVID-19 Screening & Response Protocol from VCEMS as of 3/13/2020.

CSU CHANNEL ISLANDS POLICE DEPARTMENT

EMS/PSAP COVID-19 RESPONSE

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Version 4.2 – Updated March 13, 2020



COVID-19 SCREENING AND RESPONSE

FOR ALL PATIENTS, DON STANDARD BODY SUBSTANCE ISOLATION PRECAUTIONS AND ENTER THE SCENE
MAINTAIN AT LEAST A SIX (6) FOOT DISTANCE AND DETERMINE THE FOLLOWING:

*NOTE: IF DISPATCH ADVISES OF POSSIBLE COVID-19 PATIENT PRIOR TO UNITS ARRIVING ON SCENE,
PERSONNEL WILL DON APPROPRIATE PPE (LISTED IN RESPONDER GUIDANCE BELOW) PRIOR TO MAKING
ENTRY INTO SCENE.*

Fever **and/or** signs and symptoms of acute respiratory
illness (e.g., cough and/or difficulty breathing)

NO

CONTINUE WITH
ROUTINE
ASSESSMENT,
CARE AND
TRANSPORT

YES

RESPONDER GUIDANCE

- To the extent possible, based on patient condition and level of care required, limit number of personnel that come in contact with a symptomatic patient.
- Prehospital Care team will don appropriate PPE:
 - NIOSH-certified disposable N95 respirator
 - Eye protection (goggles or face shield)
 - Non-sterile, fluid-resistant gown
 - Note: Prioritize use of gowns for aerosol-generating procedures, care activities where splash/spray is anticipated, and/or high contact activities that provide an opportunity for transfer of pathogens to hands and clothing of EMS personnel.
 - Exam gloves
- *NOTE: DISPOSE OF ALL PPE IF USED ON ANY SYMPTOMATIC PATIENT.*
- Place patient in a procedure mask if it does not interfere with treatment (i.e. oxygen, CPAP, BVM, etc).
- Treat patient per VCEMS policies and procedures
 - Consider limiting the performance of high-risk procedures
- Establish base hospital contact as soon as possible and advise of "possible COVID-19 patient." Include signs and symptoms, history of present illness, and any recent travel history
- For cases of unprotected exposure to a high-risk or confirmed COVID-19 patient, notify agency supervision and request notification of EMS Agency Duty Officer through FCC
- Family members should only be taken as a rider in the event the patient is an unaccompanied minor or has some other special circumstance that limits the personnel's ability to assess the patient.
- If transported, ensure that exhaust vent is on in patient compartment to draw air out.
- Once call is complete, clean all equipment with medical disinfectant wipes, such as sodium hypochlorite prior to returning to service

CDC Guidelines for EMS Personnel: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>